

CONNECTICUT STATE DEPARTMENT OF EDUCATION
CHILD NUTRITION PROGRAMS
25 INDUSTRIAL PARK ROAD
MIDDLETOWN, CONNECTICUT 06457-1543

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

CIVIL RIGHTS BENEFICIARY DATA COLLECTION FORM

Instructions: The following actual beneficiary data by racial or ethnic category must be collected from each child care center, outside-school-hours care center, adult day care center and family day care home annually. Data, as well as documentation for the data, must be retained on file for 3 years after the date of submission of the final claim for reimbursement for the fiscal year to which they pertain, or if an audit is outstanding, until the audit is closed. Access to this data must be limited to authorized personnel. Visual identification may be used to determine the racial or ethnic category of a participant.

Center/Provider _____

ETHNICITY

**Number of Enrolled
Participants**

Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. "Spanish origin" can be used in addition to "Hispanic or Latino."

Not Hispanic or Latino

RACE

American Indian or Alaskan Native

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Black or African American

A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to 'Black or African American.'

Native Hawaiian or Other Pacific Islander

A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

White

A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Sponsor Representative's Signature

Sponsor

Date